

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541447

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2	/							52					
3	/							53					
4	3							54					
5	3							55					
6	3							56					
7	2							57					
8	2							58					
9	2							59					
10	2							60					
11	2							61					
12	2							62					
13	3							63					
14	3							64					
15	1							65					
16	1							66					
17	1							67					
18	3							68					
19	3							69					
20	3							70					
21	1							71					
22	1							72					
23	2							73					
24	2							74					
25	2							75					
26	2							76					
27	2							77					
28	2							78					
29	2							79					
30	1							80					
31	2							81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	6												
TOTAL DEP.	55												
TOTAL CLAIMS	68												